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MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET						Application Number <i>10694462</i>	Filing Date		
						Applicant(s)			
						* May be used for additional claims or amendments			
CLAIMS	AS FILED		AFTER FIRST AMENDMENT		AFTER SECOND AMENDMENT		*	*	*
	Indep	Depend	Indep	Depend	Indep	Depend	Indep	Depend	Indep
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Total Indep						Total Indep			
Total Depend						Total Depend			
Total Claims						Total Claims			

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